

PW573

BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE


DSMZ
Deutsche Sammlung von
Mikroorganismen und
Zellkulturen GmbH

INTERNATIONAL FORM

Mixis France
156, rue Vaugirard
75730 Paris Cedex 15

France

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: pMXY9	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 17010
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I. above was accompanied by: (<input checked="" type="checkbox"/>) a scientific description (<input type="checkbox"/>) a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I. above, which was received by it on 2005-01-03 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2005-01-12

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.

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VIABILITY STATEMENT
issued pursuant to Rule 10.2 by the
INTERNATIONAL DEPOSITARY AUTHORITY
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I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
Name: Mixis France 156, rue Vaugirard Address: 75730 Paris Cedex 15 France	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 17010 Date of the deposit or the transfer ¹ : 2005-01-03
III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested on 2005-01-03 ² . On that date, the said microorganism was (X) ³ viable () ³ no longer viable	
IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED ⁴	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2005-01-12

¹ Indicate the date of original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box.

⁴ Fill in if the information has been requested and if the results of the test were negative.

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I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: <p>pMXY12</p>	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: <p>DSM 17011</p>
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I. above was accompanied by: (<input checked="" type="checkbox"/>) a scientific description () a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I. above, which was received by it on 2005-01-03 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2005-01-12

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.

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I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
Name: Mixis France 156, rue Vaugirard Address: 75730 Paris Cedex 15 France	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 17011 Date of the deposit or the transfer ¹ : 2005-01-03
III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested on 2005-01-03 ² . On that date, the said microorganism was (X) ³ viable () ³ no longer viable	
IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED ⁴	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Date: 2005-01-12

¹ Indicate the date of original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).
² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.
³ Mark with a cross the applicable box.
⁴ Fill in if the information has been requested and if the results of the test were negative.

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I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: MX Y47	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 17026
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I. above was accompanied by: (<input checked="" type="checkbox"/>) a scientific description (<input checked="" type="checkbox"/>) a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I. above, which was received by it on 2005-01-03 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Date: 2005-01-12

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.

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I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
Name: Mixis France 156, rue Vaugirard Address: 75730 Paris Cedex 15 France	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 17026 Date of the deposit or the transfer ¹ : 2005-01-03
III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested on 2005-01-03 ² . On that date, the said microorganism was (<input checked="" type="checkbox"/>) ³ viable () ³ no longer viable	
IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED ⁴	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2005-01-12

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² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.
³ Mark with a cross the applicable box.
⁴ Fill in if the information has been requested and if the results of the test were negative.